

System working to address health inequalities

Trafford Health and Wellbeing Board

Trafford

Integrated Care Partnership

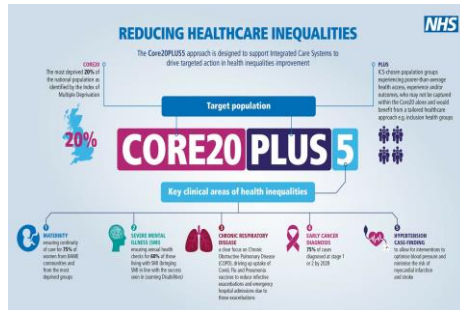
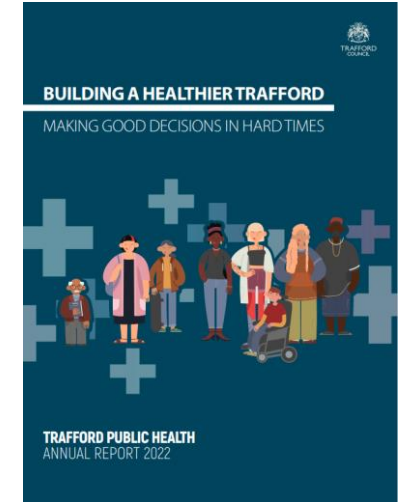
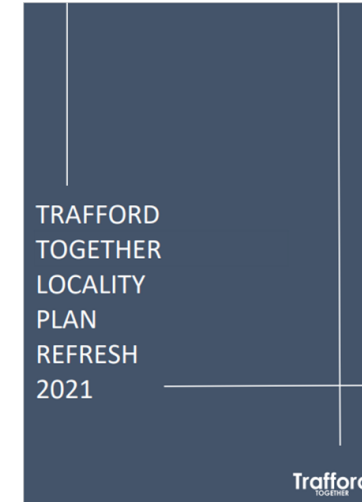
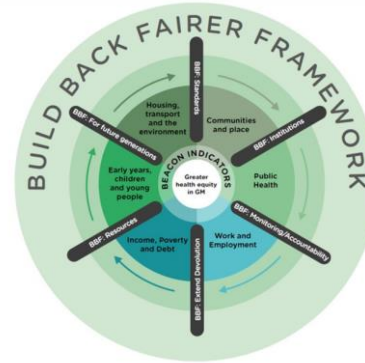


15th September 2023

Part of Greater Manchester
Integrated Care Partnership



There's a lot of talk about health inequalities!



Greater Manchester ICP Strategy

Greater Manchester's Integrated Care Partnership (ICP) Strategy sets out how we will work together to improve the health of our city-region's people through the Greater Manchester ICP.

It outlines our priorities (our 'missions') which are to:

- Strengthen our communities
- Help people get into – and stay in – good work
- Recover core NHS and care services
- Help people stay well and detect illness earlier
- Support our workforce and our carers
- Achieve financial sustainability

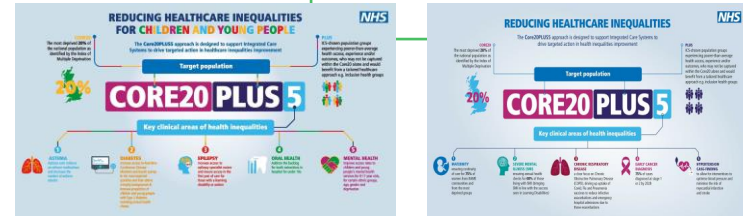
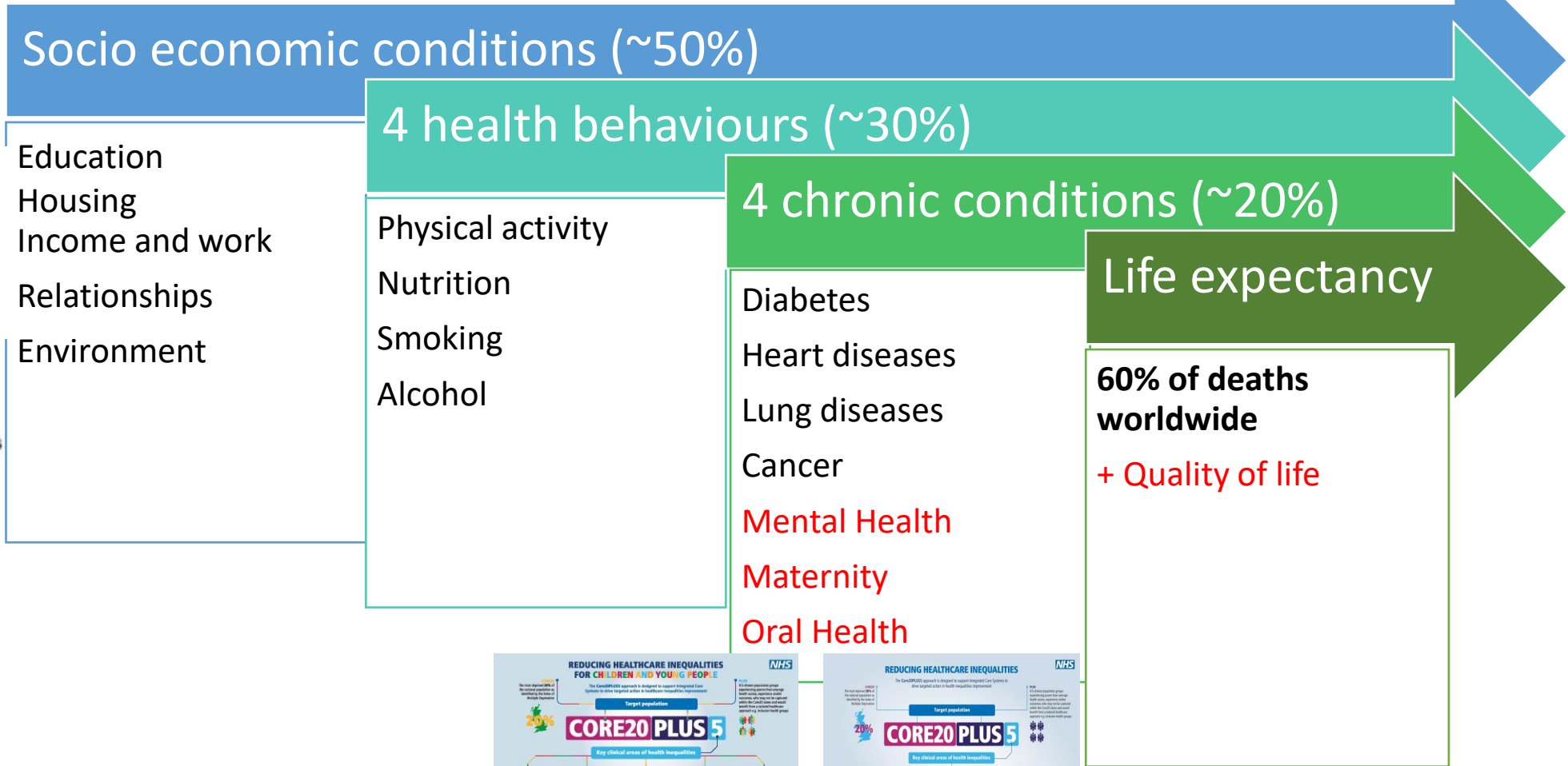


National

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What makes us healthy leads to inequalities. Causes of the causes of the causes...



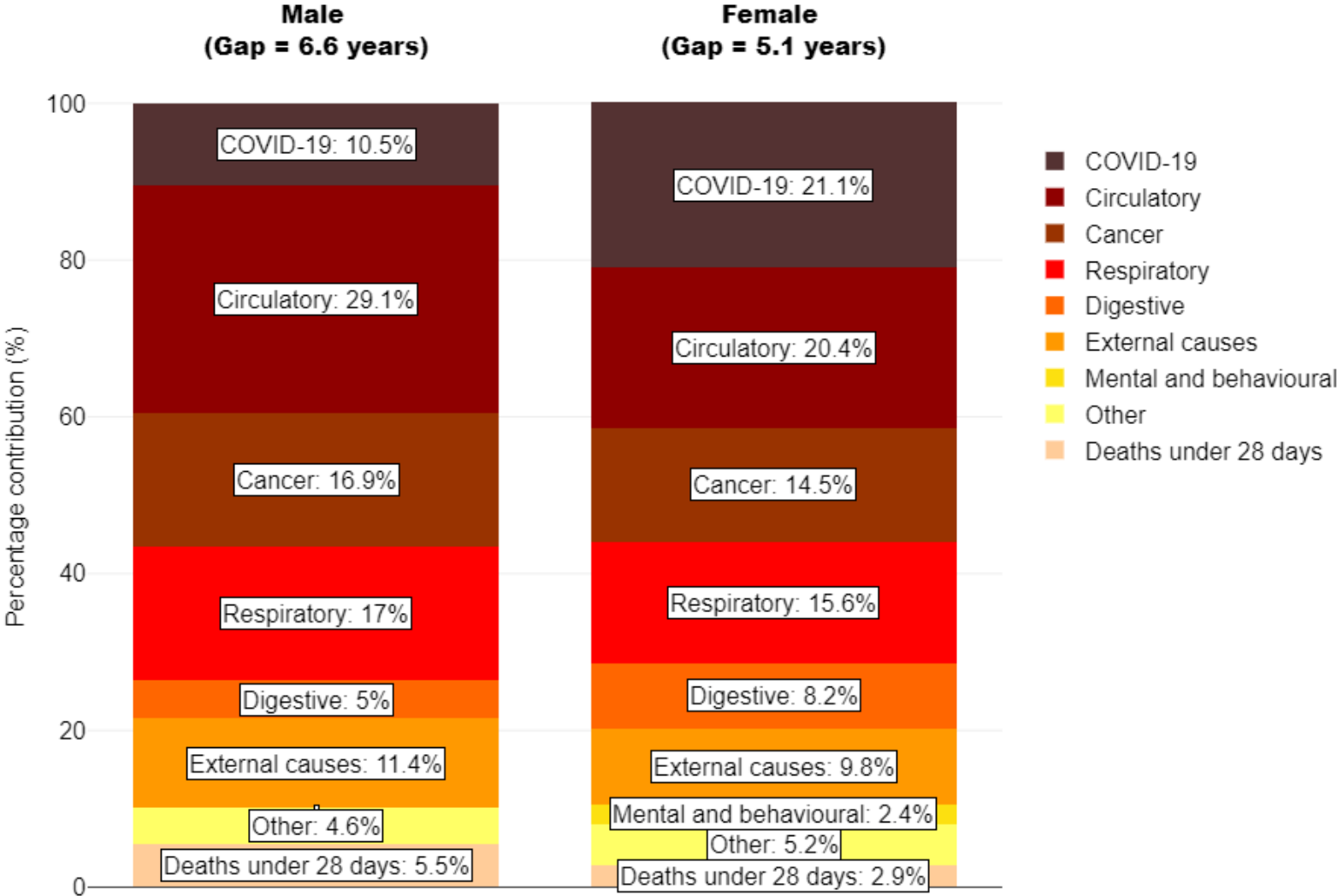
Life expectancy has plateaued but the gap between the most and least deprived in Trafford is reducing, though still stands at 6.6 (male) and 5.1 (female) years

Information on inequalities between the most and least deprived quintile of Trafford, 2014 to 2016 to 2020 to 2021

Male	2014-16	2017-19	2020-21
Life expectancy most deprived quintile	74.9	75.6	74.9
Life expectancy least deprived quintile	83.5	83.0	81.5
Gap	8.6	7.4	6.6
Female	2014-16	2017-19	2020-21
Life expectancy most deprived quintile	79.5	80.8	80.4
Life expectancy least deprived quintile	86.0	86.6	85.4
Gap	6.5	5.8	5.1

Source: Office for Health Improvement and Disparities based on ONS death registration data and mid year population estimates for the relevant years, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation 2019 (for 2017 to 2019 and 2020 to 2021 data) and Index of Multiple Deprivation 2015 (for 2014 to 2016 data). Where provided, results for 2020-21 are based on 2020 population data.

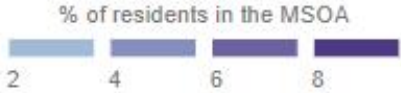
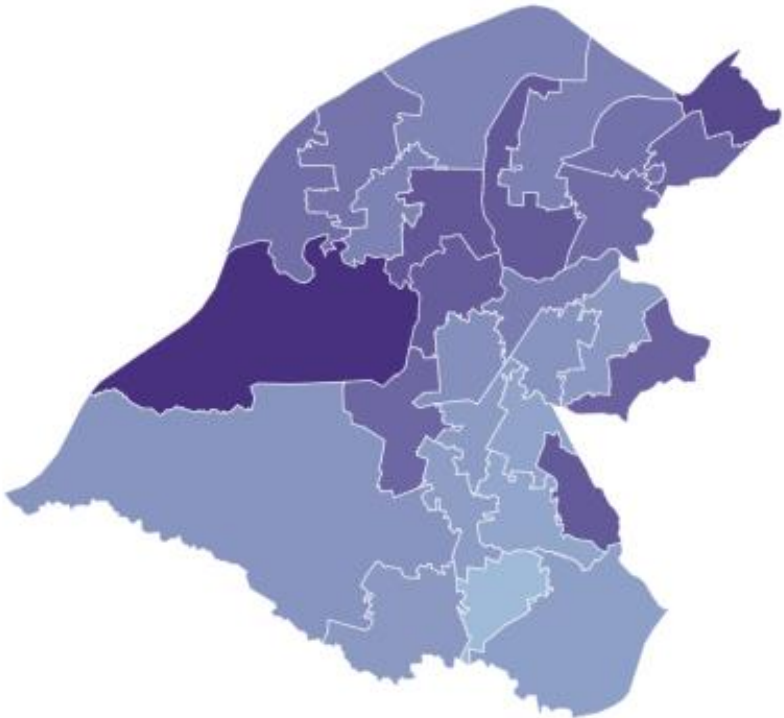
What are the (immediate) causes of that gap in life expectancy in Trafford (2020-21)?



These conditions also lead to illness and poorer quality of life. They vary by geography...

Self-reported health by area and by ethnicity (Census 2021)

Bad and Very bad health, 2021

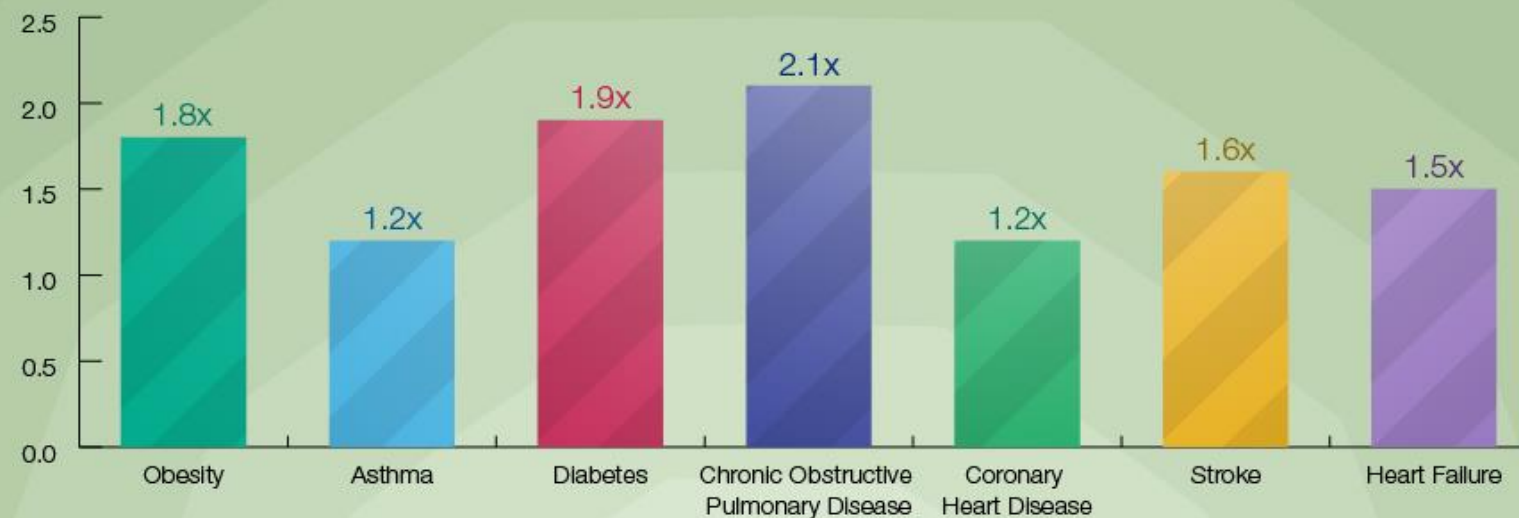


Source: Census 2021

And they vary by different groups...

Adults with severe mental illness (SMI) are more likely to have physical health conditions

When compared to **the general population** of the same age group, **people with severe mental illness (SMI)*** aged 15-74 are more likely to have:

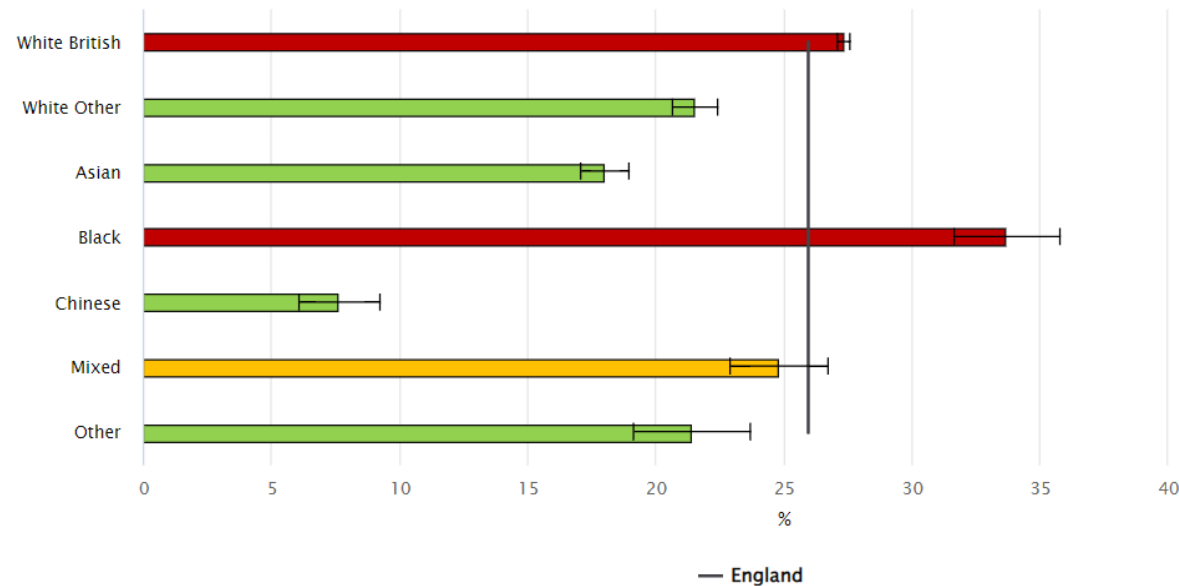


**Sample of people with SMI registered with a general practice*

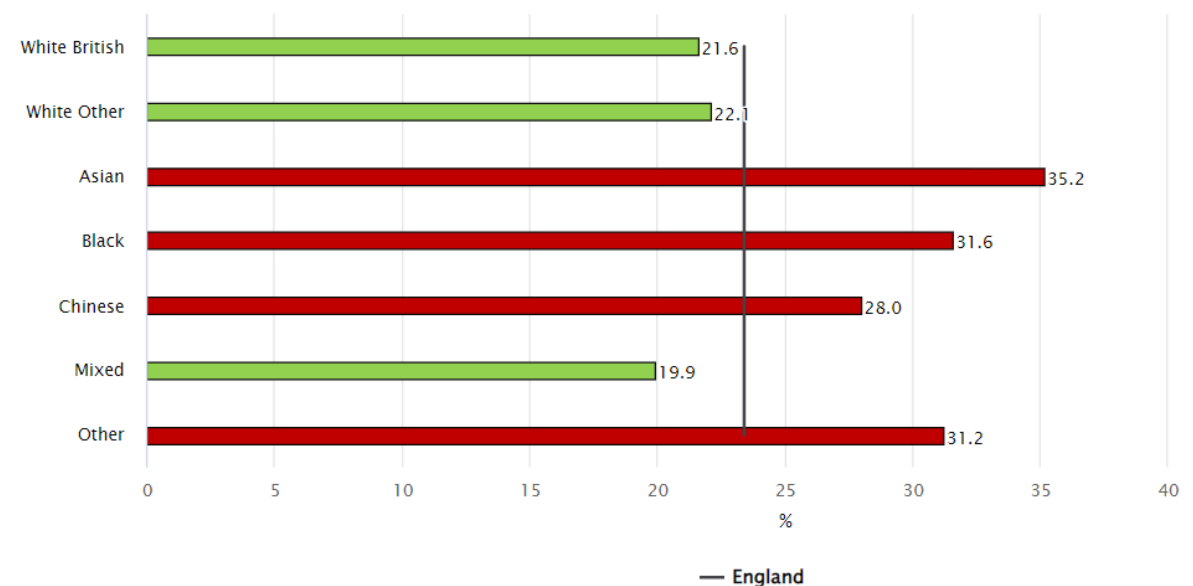
Risk factors for ill health are not evenly spread...

E.g. percentage of adults who are classified as obese and who engage in physical activity varies by ethnic groups

Obesity



Physical inactivity



Source: Active Lives survey, 2020/2021

Smoking is still the number one cause of preventable deaths



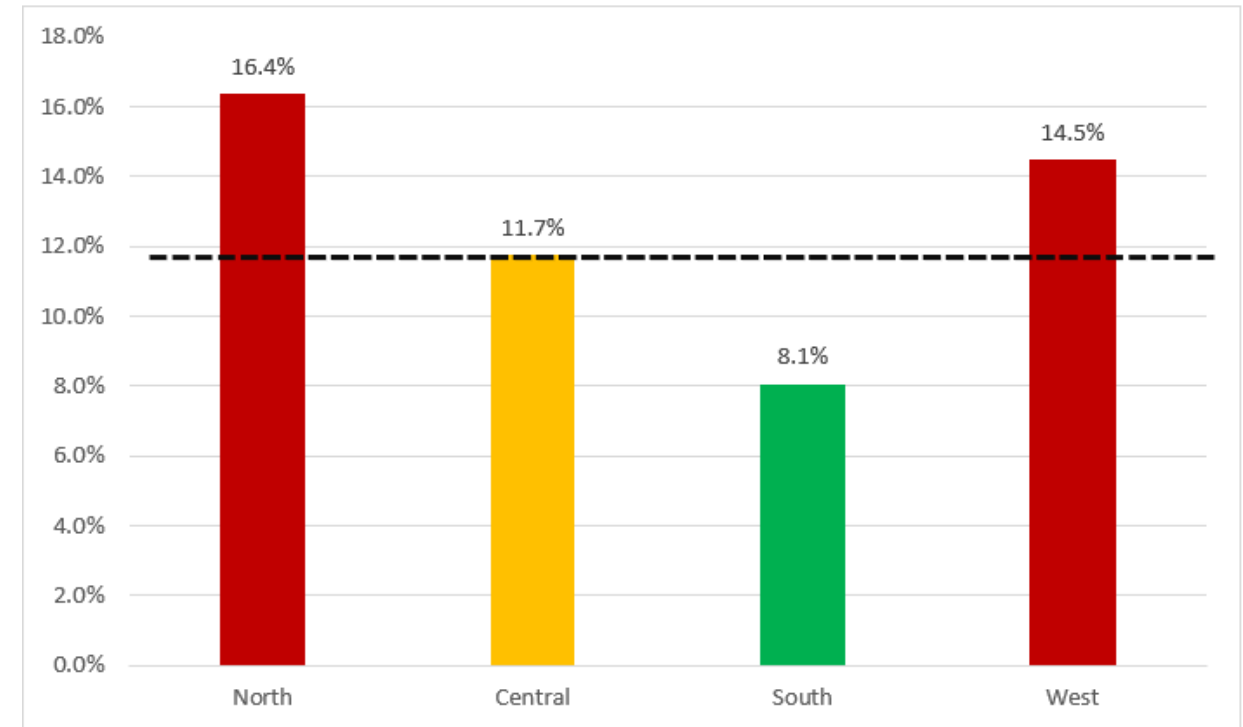
Overall smoking prevalence in Trafford estimated at 11.1% (2021 data) but much higher in some groups and communities e.g.:

- People with serious mental ill-health (SMI)

The national smoking rate for people with SMI is 40.5%. This is over 3 times the rate when compared to the general population. In Trafford, our SMI smoking rate is 35%, slightly below national average. This roughly equates to 880 SMI smokers in Trafford.

- 'Routine and manual' workers

Nationally the smoking rate is 24.5% for this population cohort, almost double the general population. In Trafford, our rate is almost in-line with the national average at 23.4%.



GP data on Trafford locality smoking rates 2023

The reasons people can't live healthier lives are complex and intertwined with their health...

For example, less than a quarter of our adult carers have as much social contact as they would like*.

This ranks Trafford at the lower end among similar areas in 2021/22.

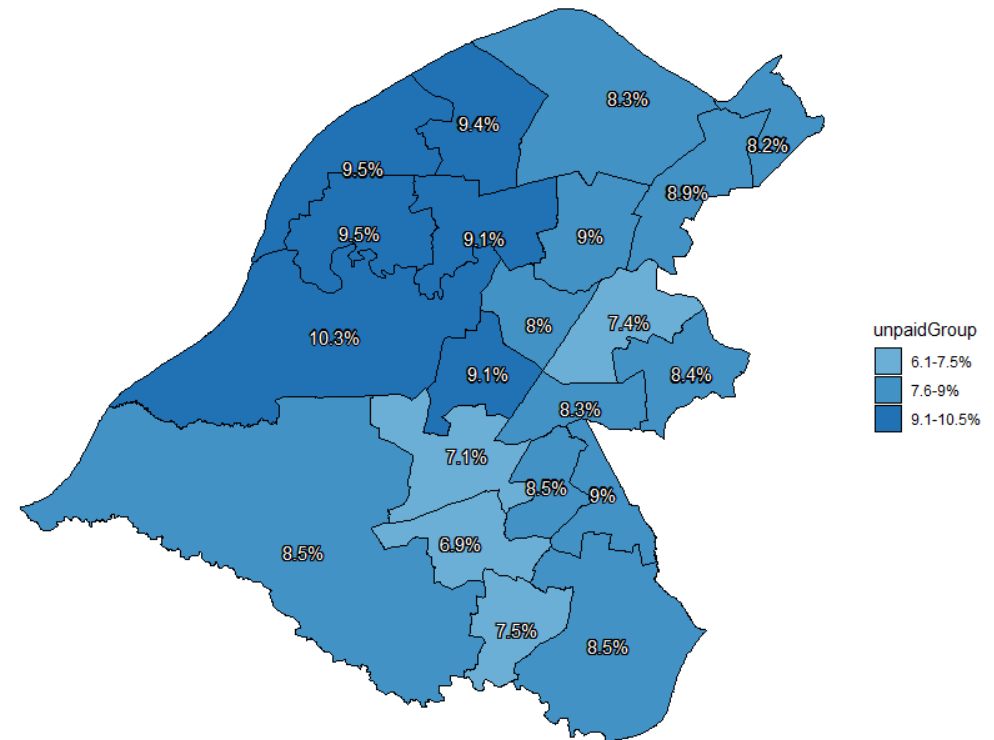
[Carers UK, 2019b](#)) found carers are more likely to report having a long term condition, disability or illness than non-carers.

Intense carers (at least 20-49 hours a week) were more likely to be physically inactive, smoke cigarettes, gain weight, and eat unhealthily.

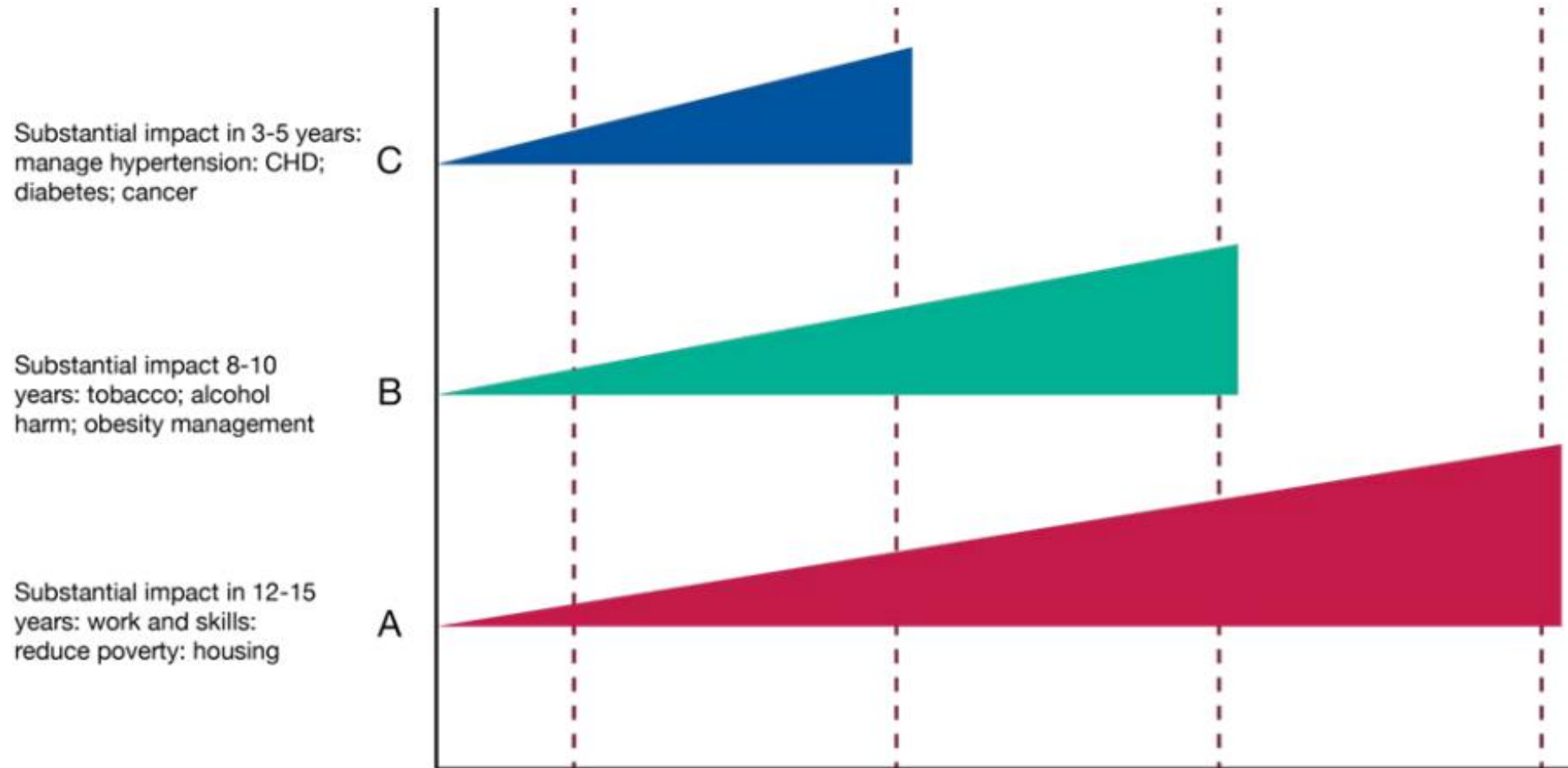
They were more likely to self-report or have a diagnosis of depression or anxiety.

Carers who had given up work to care were more likely to be smokers and have common mental disorders ([Future Care Capital, 2019](#); [Tseliou, 2019](#)).

Unpaid carers (2021 census breakdown by ward)



Different partners(hips) need to work at different ‘levels’ of the driver diagram to make sustainable changes – where do you have influence or direct responsibility?



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So what's happening in
Trafford?

What's going on in Trafford...



How does it all fit together for Trafford (a start)?

Socio economic conditions -

- Trafford Poverty Strategy
- Strategic Partnership Priorities
- Council Corporate Plan
- Family Hubs etc?

Health behaviours – **HWB Priorities**

- Reduce the number of people who smoke or use tobacco
- Reduce physical inactivity
- Reduce harms from alcohol

Chronic conditions -

- Diabetes
- Heart diseases
- Lung diseases
- Cancer
- Mental Health

Life expectancy

- Gap in life expectancy
- Quality of life
- Experience of services

Trafford Primary Care Health Inequalities Quality Assurance Plan

Manchester Foundation Trust Inequalities Strategy

Our Draft Neighbourhood Model

- Tackling neighbourhood health inequalities requires action in 4 key areas: Data quality, community engagement, access to services, risk identification and stratification (NHS Confed)



west Trafford Neighbourhood.

Our neighbourhood plan

About our neighbourhood

- Around 52,000 people live here across 5 wards. It has a higher proportion of 65+ year olds and care homes compared to the rest of Trafford.
- Most communities have strong networks, and there is a vibrant voluntary and faith sector.
- An area of mixed affluence.
- The area is surrounded green spaces and countryside. Trafford General, the first ever NHS hospital, is in the area.

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About our approach

Who we are
Trafford Local Care Organisation is a pioneering public sector organisation that provides your NHS community health services and adult social care in Trafford. We are part of the NHS and the local authority.

We take a neighbourhood approach to health and wellbeing as we know that it's better for people when we plan and deliver services as close to home as possible. By dividing Trafford into four neighbourhoods, it helps us understand the strengths and needs that are distinct to each.

Our priorities

The key things we are doing in the West Neighbourhood this year to improve health and wellbeing:

- We will increase physical activity levels**
As well as targeting high levels of Cardiovascular Disease in our wards, we want to use activity to help connect people and increase good mental health. There are many local assets that can help with our plan to increase activity. The Neighbourhood has several community leisure facilities and groups who promote activity as well as lots of green spaces. Plans to redevelop several centers will give people an opportunity to describe the facilities that will suit their needs.
- We will focus on approaches across life stages to help people become more active. We will:**
 - Help people get involved in opportunities to improve local leisure centers and interventions.
 - Use Long Term Condition Prevention Funding to support VC/PSE organisations interventions.
 - Work with Public Health and VC to identify Neighbourhood priority interventions.
- We will help services local people better**
The Neighbourhood programme we plan and delivery with local co-services. By doing so, we will improve between us, increase service access working with communities at the

- We will widen access to a healthy diet**
Our local data shows we have significant levels of overweight and obesity across the Neighbourhood. Some areas also have a high prevalence of conditions that are influenced by poor diet but people told us that their ability to eat healthily is affected by things like:
 - Transport (accessibility)
 - Finances and cost of living (affordability)
 - Knowledge or cooking skills (awareness)
- We will deliver a diverse range of approaches to help people access a healthy diet. We will:**
 - Share good practice and run 'What Works' sessions.
 - Use Long Term Condition Prevention Funding to support VC/PSE organisations to plan and deliver

Your Neighbourhood Leadership Team

We're also working in partnership on a range of priorities that will benefit the neighbourhood

- Support the development and roll-out of Population Health Management
- Develop a person centered, community-based approach to services
- Further integrate adult social care and support for older people
- Align Integrated Neighbourhood Teams, Primary Care Network workforce and organisation development plans
- Embed the role of the VC/PSE sector in the delivery of services.

These are areas of work that are taking place across the borough in all 4 of our neighbourhoods.

What your Integrated Neighbourhood Team does

The West Integrated Neighbourhood Team is part of Trafford Local Care Organisation.

We want to provide the best services right across Trafford, but we know that local areas have different requirements. By working as **Integrated Neighbourhood Teams** we can provide services that are tailored to local needs and deliver care that is more joined-up. Integrated Neighbourhood Teams deliver core services including District Nursing and Adult Social Care.

They also work with local people and GPs and build up links with others like housing teams, the Voluntary and Faith Sector and mental health workers – so everyone is working together around the needs of the Neighbourhood. This **Neighbourhood Network** will be how we work collaboratively to deliver our Neighbourhood Plan.

Practically this means better health and wellbeing for people. Fewer people will need health or care services or have to go into hospital.

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So what approach should we
take?

Things to consider....

- Some interventions improve overall population health but risk widening health inequalities with **concerted effort**, particularly proactive universal interventions (eg cancer screening, NHS Health Checks etc)
 - For many issues (e.g. obesity, alcohol misuse), biggest impact comes from intervening among group with highest overall burden of disease – this isn't necessarily the people at the highest risk and/or those with highest levels of inequality
 - 'Proportionate universalism' often the favoured approach within services – how do we build this into specs etc and test if its right – are we brave enough?
-

Key Questions

- Do we want to 'focus' on a few key population groups, causes or experiences, if so which or how do we decide?
- We have HW priorities and other system priorities, therefore do we identify specific inequalities / interventions to focus on?
- Do we need a tactical group to align programmes, provide challenge and identify opportunities / risks? Learning from Making Manchester Fairer.
- How do we capitalise on the planned refresh of the Trafford Locality Plan and ensure the collective efforts across our system have maximum impact on tackling health inequalities?

